

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate

Leonard Bentz

Address

13408 Damon Ct

Telephone

900.366.4477

Fax

Contact Name

L. Bentz

Email

Office Sought

PSC Commissioner

Political Party

GOV

Check here if above is different from previous report

TYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>2500.00</u> + \$ <u>5000.00</u> = \$ <u>7500.00</u>	\$ <u>7500.00</u>	\$ <u>7500.00</u>
Total amount of disbursements	\$ <u>9567.25</u> + \$ <u>2515.00</u> = \$ <u>12082.25</u>	\$ <u>12082.25</u>	\$ <u>12082.25</u>
Total amount of cash on hand		\$ <u>3130.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-29-09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Howard Bentz Page _____ of _____
 Reporting period All of 2009 through _____

ITEMIZED DISBURSEMENTS

A. Full name	<u>Howard Bentz</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>13408 Damon Ct</u>	<u>8/17/09</u>	\$ <u>2500.00</u>
City, State, Zip Code	<u>Biloxi, MS 39532</u>	<u>12/14/09</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional)	<u>Reimbursement</u>	Aggregate Year-to-date	\$ <u>6500.00</u>
B. Full name	<u>Bernies Restaurant</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>220 Eisenhower</u>	<u>12/2/09</u>	\$ <u>771.62</u>
City, State, Zip Code	<u>Biloxi, MS</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Christmas Party</u>	Aggregate Year-to-date	\$ <u>771.62</u>
C. Full name	<u>DHS Baseball</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>D'Iberville High School</u>	<u>1/20/10</u>	\$ <u>300.00</u>
City, State, Zip Code	<u>D'Iberville, MS 39540</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Booster Club</u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name	<u>Cindy Kinard</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>506 Creech Rd</u>	<u>12/3/09</u>	\$ <u>243.60</u>
City, State, Zip Code	<u>Pearl, MS 39208</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Reimbursement</u>	Aggregate Year-to-date	\$ <u>243.61</u>
E. Full name	<u>MS Republican Party</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Jackson, MS</u>	<u>5/3/09</u>	\$ <u>1000.00</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1000.00</u>
F. Full name	<u>St Vincent DePaul</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Biloxi, MS</u>	<u>5/12/09</u>	\$ <u>850.00</u>
City, State, Zip Code	<u>Biloxi, MS</u>	<u>1/1/10</u>	\$ <u>850.00</u>
Purpose of Disbursement (Optional)	<u>Golf Tournament</u>	Aggregate Year-to-date	\$ <u>850.00</u>

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Name of Candidate or Committee

Leonard Bentz

Reporting period

All of 2009

through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>St Patrick Baseball</u>	<u>2/7/09</u>	\$ <u>500.00</u>
Mailing Address		
<u> Hwy 67</u>		
City, State, Zip Code		
<u>Biloxi, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page _____ of _____

Name of Candidate or Committee Leonard BentzReporting period 11/01/2009 through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marjorie Bailey</u>		<u>10/21/09</u>	\$ <u>2500.00</u>
Mailing Address <u>10250 Lorraine Rd</u>		___/___/___	\$
City, State, Zip Code <u>Columbus, MS 39603</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$